

Program Guidelines for MADAP and MAIAP Programs

Provided By: AIDS Administration, DHMH
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This guide is intended to help in understanding the policies and procedures that pertain to the Maryland AIDS Drug Assistance Program (MADAP) and the Maryland AIDS Insurance Assistance Program. It is not an all-inclusive guide but is intended to assist case managers and other care providers to access HIV related services through the different programs available.

The MADAP program is part of the national AIDS Drug Assistance Program and is governed by both the local COMAR regulations 10.18.01; 10.18.05; 10.18.06; 10.18.07, and by the Ryan White CARE Act requirements and conditions.

Any questions or comments regarding this guide may be directed to:

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I. Overview of MADAP Drug Assistance Programs

The Maryland AIDS Administration, Center for Client Services (CCS) helps persons with HIV infection obtain medications by operating HIV Drug Assistance programs and Health Insurance Premium Payment programs for the State of Maryland.

MADAP is a state wide program funded primarily through the federal Ryan White Title II CARE Act that helps low-to-moderate income Maryland residents who are HIV infected receive assistance purchasing the medications they need to treat HIV. The MADAP formulary covers a wide range of medication used to treat HIV infection and to treat, prevent, or relieve certain conditions associated with HIV infection. The HIV Drug Assistance programs consist of a regular MADAP program, which provides 12 months of eligibility, and two transitional assistance programs, Transitional Assistance Program (TAP) and Urgent MADAP. These temporary programs provide coverage until a client can transition to long-term drug assistance programs.

A. MADAP

This program reimburses pharmacies for the cost of prescriptions covered by the MADAP formulary for MADAP-eligible clients. This is a 12-month program with annual recertification. The MADAP formulary includes comprehensive coverage of antiretroviral and opportunistic infection prevention therapies recommended by the current Public Health Service guidelines as well as drug therapies for the treatment of the complications of HIV infection or related conditions. In order to be eligible for this program the individual cannot be eligible for any other drug assistance programs.

As of June 1, 2004 there were 100 drugs on the approved MADAP formulary with some additional drugs in the regulatory process. Please contact the program or the website (www.dhmf.state.md.us/AIDS/cvrdmeds.html) for the most up to date formulary.

The MADAP program goal is to process all completed applications within 10 business days.

B. Urgent MADAP

This program is for clients that appear to be eligible for MADAP and have experienced a sudden change or medical crisis that requires the need for medication coverage immediately. This program allows the needed time for clients/case managers to gather and submit supporting documentation such as pay stubs and proof of residency to determine eligibility for the 12-month MADAP. Only case managers (please see Appendix A for a definition of the term “case manager”) may apply for this program on behalf of their clients. After a

completed application has been received, case managers/clients will be notified of enrollment status by the end of the next business day.

C. Transitional Assistance Program (TAP)

This program assists individuals who appear to be eligible for the Maryland Pharmacy Assistance Program (MPAP), and who are in need of HIV/AIDS medications while awaiting a MPAP eligibility decision and enrollment. A client who is denied MPAP may be eligible for MADAP).

TAP is designed to be a temporary assistance program to bridge the gap until enrollment into the MPAP is obtained. This program allows the needed time for clients/case managers to gather and submit supporting documentation such as pay stubs and proof of residency, necessary to determine eligibility for MPAP. Only case managers may apply for the TAP program on behalf of their clients. After a completed coversheet and 2-page MPAP application has been received, case managers/clients will be notified of TAP enrollment status by the end of the next business day.

II. Eligibility

A. The core eligibility requirements for any of the MADAP drug assistance programs are that the applicant must:

1. Reside in Maryland;
2. Be diagnosed with HIV/AIDS by physician, physician assistant or nurse practitioner;
3. Be prescribed, or will be prescribed, one or more of the drugs covered by MADAP; and
4. Meet specified financial criteria. The household income cannot exceed 400% of the Federal Poverty Level (FPL);*
5. Not be eligible for other programs providing pharmacy assistance such as Medicaid and the Maryland Pharmacy Assistance Program; and
6. Not be currently hospitalized as an inpatient, in long-term care, or incarcerated.

* See Appendix A for current poverty guidelines.

B. Additional eligibility criteria that apply to the Urgent MADAP program:

1. The applicant is currently taking antiretroviral medication and has less than two-week's supply of antiretroviral medications; and/or
2. The applicant has a diagnosis of an acute medical condition.

Acute medical conditions are those that warrant an immediate need for medications on the MADAP formulary such as:

- An opportunistic infection;
- Immediate need for opportunistic infection prophylaxis; and
- Pregnant women needing medications to prevent perinatal transmission.

C. Additional eligibility criteria that apply to the TAP program:

Appears to be eligible for the MPAP, but not yet enrolled, and a MPAP application is submitted to the Maryland Pharmacy Program at the same time the TAP application is submitted to the MADAP program.

III. Overview Health Insurance Premium Payment Programs

The AIDS Administration operates two programs, MADAP Plus and the Maryland AIDS Insurance Assistance Program (MAIAP), which assist clients with maintaining their health insurance coverage. Clients may have health insurance obtained as part of a continuation of benefits through COBRA, an individual or group plan through an employer or may be eligible for the Maryland Health Insurance Plan which covers “medically uninsurable” individuals with certain medical conditions.

Program staff review the applicant’s insurance coverage and circumstances and make a decision about the most appropriate program.

A. MADAP Plus

1. MADAP Plus is a component of the federally funded Ryan White Title II CARE Act ADAP program. Instead of providing only drug assistance for the medications needed to treat HIV, this program assists clients with paying for their health insurance premiums thus insuring access to inpatient and outpatient health care as well as prescription coverage. The health insurance coverage must meet several requirements that are listed below in Program Requirements.
2. MADAP Plus Program Requirements.
MADAP Plus applicants must be eligible for, and meet all the core requirements of, the MADAP program, which are listed on page 4. Once MADAP eligibility is determined, the applicant’s insurance policy benefits are reviewed to determine if the policy meets the MADAP Plus program requirements.
 - a. Applicants must be currently enrolled in a health insurance plan or eligible for coverage under the Maryland Health Insurance Plan (MHIP). The insurance coverage must include access to:
 - All MADAP formulary drugs (this is a federal requirement); prescription coverage caps must be above \$2500, and deductibles not more than \$1,000;
 - Primary care services;

- HIV/AIDS specialist services; and
 - Inpatient and outpatient care.
- b. Only individual coverage policies for MADAP Plus clients will be covered (no family policies unless coordination with payer can be accomplished, or all members of the family covered by the policy are also MADAP Plus eligible).
 - c. At the time of application, applicants must be responsible for paying 50% or more of the health insurance premium. MADAP Plus will pay only the portion of the premium that the applicant is responsible for (example, any employer contributions will continue to be paid by the employer).
 - d. If the applicant has 50% or less of the insurance payment paid for by another program (for example the applicant's employer), MADAP Plus must be able to arrange payment of the applicant's portion of the premium. Often employers deduct health insurance premiums automatically from paychecks. The MADAP Plus program will need to communicate with the employer to make arrangements for a payment plan approved by the employer. MADAP Plus staff maintains client confidentiality of HIV status during all contact with employers and insurance companies.

B. Maryland AIDS Insurance Assistance Program (MAIAP)

1. The MAIAP program is a state funded program that provides health insurance premium assistance for eligible clients who are disabled due to HIV/AIDS. The eligibility requirements for MAIAP are different than the requirements for the MADAP programs previously described. If you have questions determining the most appropriate program for your client, please call program staff at 410-767-1780.
2. MAIAP Program Requirements
In order to be eligible for MAIAP benefits, an applicant must be:
 - A permanent legal resident of the United States or an alien meeting specific residency requirements (Title 10, Subtitle 18, Chapter 01, Section .07);
 - A resident of Maryland;
 - Diagnosed with HIV/AIDS;
 - Certified by a clinician on the medical form as disabled due to HIV/AIDS and related illness;
 - Meet specified financial criteria. The household income cannot exceed 300% of the Federal Poverty level and the cash value of family assets cannot exceed \$10,000; and
 - Applying for SSDI within six months of enrollment in MAIAP.

3. In July of every year, MAIAP establishes the maximum amount it will pay for insurance premiums. Clients with insurance policies that exceed the maximum premium amount are required to reimburse MAIAP the difference between the maximum allowable and the actual premium amounts. A payment schedule may be arranged with the program. Clients who cannot afford the difference in cost are encouraged to seek another insurance option that better meets their financial criteria.

IV. Overview of Application to All Programs

There is a combined application for the drug (MADAP) and insurance (MADAP Plus and MAIAP) programs. Applications to these programs are accepted throughout the year. Once enrolled, clients must recertify annually by submitting a completed combined application to continue their coverage before the 12-month enrollment period ends. Staff mails recertification packets to clients (and case managers when indicated) 45 days before their program enrollment expires.

Failure to recertify before the expiration date may result in a break in program coverage. Clients are urged to recertify as soon as possible after receiving the recertification packet. If clients choose, they may indicate on the application that a case manager be sent notification of the recertification time frame or be sent the application on behalf of the client.

A. Application to the MADAP Program

Complete MADAP applications are generally processed within 10 business days after receipt by the program, and are handled in the order that they are received.

Part 1. Application Information

In Part 1 of the application the applicant must provide his/her:

- Name;
- Home address and mailing address if the individual prefers not to receive mail at the home address (documentation of the home address/residence is required);
- Day and evening contact numbers (when available), indicating whether a message can be left at the number;
- Date of birth;
- Race;
- Ethnicity;
- Marital Status (if separated, living apart or divorced from spouse please specify)
- Employment Status;
- Gender;
- If applicant is under 18 years of age, the parent or guardian's name; and

- Number of children (biological, adoptive, or for whom applicant has legal guardianship) and step children under 18 years old residing in the household.

Part 2. Income/Asset Information

In Part 2 of the application the applicant must provide his/her:

- Social Security Number.
- Spouse's Name and Social Security Number (if married and living with applicant); and
- Yearly income for all members of the household.

MADAP Financial Criteria:

An individual is not eligible if the projected gross annual household income, for a 12-month period beginning with the month of the application for MADAP benefits, is expected to exceed the established limits (exceed 400% of the Federal Poverty Level) or if the individual meets the eligibility criteria for the Medicaid program or the Maryland Pharmacy Program (MPAP).

Financial eligibility is based on gross household income, that is, the total income before any type of deduction for the applicant and members of the applicant's household. Gross income includes a calculation of both earned and unearned income of all members of the household. Income is that which is reasonably expected to be available for the 12-month period from the month in which the completed application is filed.

Documentation, less than 60 days old, must be submitted for at least one month's current income. MADAP asks the applicant to provide pay stubs or equivalent documentation of monthly income, such as a letter (on company letterhead) from his/her employer. If the applicant is no longer employed, documentation of present and anticipated income may be, for example, a copy of the Social Security, disability insurance or unemployment award/benefit letter. If there is a spouse in the household, verification of that individual's income must be documented and included with the application, as well as any income received on behalf of children under the age of 18. If the income cannot be projected based on the information provided, the applicant may be asked to submit additional documentation.

The applicant must notify MADAP if the household income changes or the size of the household changes during the certification period.

Part 3. Health Insurance Information:

This information is required to determine eligibility for health insurance programs and for drug assistance applicants who have pharmacy coverage.

The individual is asked to provide the following insurance information:

- Enrollment in Medicaid or the Maryland Pharmacy Program Yes/No
- Enrollment in Medicare. If yes, provide a copy of Medicare card.
- Do you have health insurance? If yes, the individual is asked to supply the following information:
 - ⇒ Name and address of the insurance company;
 - ⇒ The plan, group and member number;
 - ⇒ Indicate whether s/he pays 50% or more of the monthly insurance premium; and
 - ⇒ Insurance premium payment information if the individual pays 50% or more of his/her monthly premium.

Informed consent for release of /exchange of information must be completed so that health insurance benefit and payment information can occur

Part 4. Case Manager Information:

List name, agency and telephone number if available.

Part 5. Certification:

Applicant signature and, the signature of the applicant's spouse must be obtained. The signatures must be acquired less than 60 days prior to the submission of application.

Part 6. Medical Information:

This section must be filled out by the clinician providing HIV-related care for the applicant. Upon completion, the clinician must return the completed form directly to the program or to the patient to submit it with the rest of the application.

Medical Criteria. For an individual to be eligible, there must be written certification by clinician that s/he has been diagnosed with HIV or AIDS and requires treatment with one or more of the approved drugs covered by MADAP. Treatment can be current or planned.

Part 7: Informed Consent:

It is necessary to obtain informed consent from the client in order to release or exchange certain information with the employer.

B. Application to Urgent MADAP

Application to Urgent MADAP requires completion of as much information as available on the combined application form and completion of an urgent MADAP cover sheet. Case managers are expected to complete and send to the program the supporting documentation materials within 30 days. The Urgent MADAP will convert to a 12-month MADAP once all supporting documentation is received and approved. The MADAP eligibility period will start on the first day of the month the Urgent MADAP was approved.

A copy of the URGENT MADAP cover sheet has been provided in Appendix C. Only case managers may apply for the Urgent MADAP program on behalf of their clients. Completed URGENT applications are generally processed by the next business day after receipt by the program. Urgent MADAP provides access to all formulary drugs, restricted* and unrestricted, except therapy for the treatment of Hepatitis C which is excluded.

To complete an Urgent MADAP application the case manager will provide the following information on the cover sheet:

1. Certification that the applicant is currently taking antiretroviral medication and has less than 2 weeks supply of antiretroviral medication; and/or
2. Applicant has an acute medical condition requiring MADAP drugs with a description of the condition;
3. List of MADAP formulary medications prescribed to client;
4. Clinician's name and phone number;
5. Check off of the missing documentation that will be submitted within 30 days;
 - Case Manager signature attesting to the fact that they will provide the necessary supporting documentation within 30 days; and
 - Case Managers name, phone number and organization.

The case manager will also submit a combined application with as much information as possible completed. The case manager can fill out the medical information form for the initial submission; however, a medical form completed by the clinician will need to be sent. Missing information needed to complete the combined application and supporting documentation is to be submitted to the program as soon as possible, not to exceed 30 days.

In order for Urgent MADAP to convert to a regular MADAP, all the supporting documentation must be provided and the applicant determined to be eligible. If eligible, the client's 12-month MADAP eligibility period starts on the first day of the month the Urgent MADAP application was received.

C. Application to TAP (Temporary Assistance Program)

Application to TAP consists of the cover sheet for TAP, and a copy of an MPAP application form with as much information completed as possible. The original MPAP application is sent to the MPAP program. Case managers are expected to complete and send the supporting documentation within 30 days to both the MPAP and the TAP program.

TAP provides access to all formulary drugs, restricted* and unrestricted, except therapy for the treatment of Hepatitis C and enfuvirtide (Fuzeon).

* restricted drugs require clinicians to submit the corresponding request form so that eligibility for the drug can be determined.

To complete a TAP application, the case manager will provide the following information on the cover sheet:

- Name of the client;
- 1. Information as to whether the client is HIV Positive;
- 2. Information as to whether the HIV case has been reported to the Health Department;
- 3. The clinician's name and agency including the phone number;
- 4. A list of the MADAP formulary medications that have been prescribed to the patient;
- 5. Laboratory results (not more than 12 months old) of last CD 4 count and viral load (if not available, then check off 'pending');
- 6. HIV exposure category;
- 7. List of documents to be submitted within 30 days; and
- Declaration by case manager that the Client appears to be eligible for the MPAP program based on MPAP guidelines.

In addition to the cover sheet, the case manager will submit a copy of the MPP application form to the MADAP program and, at the time of submission to MADAP, send the original directly to the Maryland Pharmacy Assistance Program. Supporting documentation needed to complete the MPP application must be forwarded to both programs as soon as available.

Please see MPP application to ensure that all required information is collected and sent to both programs within 30 days of submitted TAP application. To facilitate the completion of the MPAP application it is important to follow directions on the MPP application and pay particular attention to the following:

- Complete home address or write "homeless" if without an address or post box number;
- In cases where the client does not have an address and gives consent to allow the case manager to be the representative, the representative's name and address will be used for all communication between the Pharmacy Assistance Program and the client;
- If not a US citizen, proof of permanent legal alien status is needed from the Immigration and Naturalization Service (INS);
- List of all assets; and
- If no income, then a letter must be submitted from the person or agency providing food and shelter supporting the statement or submission of the MPAP "Verification of No Income" form (see suggested form letter in Appendix F).

D. Application to the Insurance Programs

MADAP Plus and MAIAP Applications for Health Insurance Premium Payment Assistance

Part 1. Application Information

In Part 1 of the application the applicant must provide his/her:

- Name;
- Home address and mailing address if the individual prefers not to receive mail at the home address (documentation of the home address/residence is required)
 - ⇒ To be eligible to participate in MAIAP, the applicant must be a resident of Maryland and must qualify as (1) a citizen of the United States or (2) an alien meeting specific residency requirements (*See Title 10, Subtitle 18, Chapter 01, Section .07*);
- Day and evening contact numbers (when available), indicating whether a message can be left at the number;
- Date of birth;
- Race;
- Ethnicity;
- Marital Status (if separated, living apart or divorced from spouse please specify)
- Employment Status;
- Gender;
- If applicant is under 18 years of age, the parent or guardian's name; and
- Number of children (biological, adoptive, or for whom applicant has legal guardianship) under 18 years old residing in the household (step children are not counted as members of the household for the MAIAP program).

Part 2. Income/Asset Information

In Part 2 of the application the applicant must provide his/her:

- Social Security Number.
- Spouse's name and Social Security Number (if married and living with applicant);
- Yearly income for all members of the household; and
- All cash assets, including but not limited to checking and savings accounts, retirement accounts, trust funds, and life insurance policies with a cash value of \$1,500 or more.

Financial criteria

Income eligibility is based on family income, that is, the total income before any type of deduction for the applicant and members of the applicant's family. Gross income includes a calculation of both earned and unearned income for all family members. Income is that which is reasonably expected to be available for the 12-month period beginning with the month in which the completed application is

filed. Documentation must be submitted for at least one month's current income. If the income cannot be projected based on the information provided, the applicant may be asked to submit additional documentation.

- Projected gross annual family income for a 12-month period beginning with the month of the application for MAIAP benefits cannot exceed the established limits of 300% of the federal poverty level, and
- The determination of eligibility for MAIAP is made no later than 30 days from the date of receipt of the completed application
- Cash assets cannot exceed \$10,000. Cash assets include, but are not limited to, cash, bank accounts, stocks, bonds, mutual funds, cash value on life insurance exceeding \$1,500, or any other cash assets that may be liquidated.

Note: MADAP/MADAP-Plus income limits are 400% of the federal poverty level, and MAIAP income limits are 300% of the federal poverty level

Part 3. Health Insurance Information

The information completed in Part 3. will assist the program staff in determining which insurance program the applicant should be evaluated for. It is important to complete this section accurately. Photocopies of the front and back of the applicant's health and prescription (if applicable) insurance cards are required.

This information is required to determine eligibility for health insurance programs and for drug assistance applicants who have pharmacy coverage.

The individual is asked to provide the following insurance information:

- Enrollment in Medicaid or the Maryland Pharmacy Program Yes/No
- Enrollment in Medicare. If yes, provide a copy of Medicare card.
- Do you have health insurance? If yes, the individual is asked to supply the following information:
 - ⇒ Name and address of the insurance company;
 - ⇒ The plan, group and member number;
 - ⇒ Indicate whether s/he pays 50% or more of the monthly insurance premium; and
 - ⇒ Insurance premium payment information if the individual pays 50% or more of his/her monthly premium.
- Informed consent for release of /exchange of information must be completed so that health insurance benefit and payment information can occur.

Part 4. Case Manager Information: List case manager's name, organization, and telephone number, if applicable.

Part 5. Certification: Applicant signature and, the signature of the applicant's spouse (if living together) must be obtained. The signatures must be acquired less than 60 days prior to the submission of application.

Part 6. Medical Criteria. For an individual to be eligible, there must be written certification by a physician, physician's assistant or nurse practitioner that s/he has been diagnosed with HIV; completion of the section regarding HIV exposure category; and the clinician's name, address, phone number, license number, signature and date.

- For MADAP Plus, the clinician must indicate if s/he will treat the applicant (current or planned) with one or more of the approved drugs covered by MADAP.
- For MAIAP, the clinician must certify if the applicant is currently, and is likely to continue to be, disabled from HIV-related disease.

V. Application Processing Procedures

Applications can be faxed, mailed or brought to the program. All applications are date-stamped and assigned to an Eligibility Specialist. All applications are screened for completeness by an eligibility specialist and an eligibility decision is made. The application is next submitted to another individual for a review and second signature.

A. Handling of Incomplete Applications for MADAP, MADAP-Plus, and MAIAP

1. **New Applicants:** New applicants submitting incomplete applications receive a letter stating that their applications cannot be processed until the missing supporting documentation is sent to the program. AIDS Administration eligibility staff may contact the applicant or the designated case manager by phone in an attempt to obtain the necessary information.

Missing information must be completed within 60 days in order to keep the application in a pending status. If the needed information is not received in the 60 day time period, the applicant will be required to submit a new application.

2. **Recertifying Applicants:** Applicants must recertify annually. Recertifying applicants submitting an incomplete application during their current eligibility period are sent a "waiting for information" letter that states the application cannot be processed until additional information is supplied. The AIDS Administration eligibility staff may contact the applicant and/or the designated case manager by phone in an attempt to obtain the necessary information. Missing information must be completed within 60 days in order to keep the application in a pending status. If the needed information is not received in the 60 day time period, the applicant will be required to submit a new application.

B. Complete Applications for MADAP, MADAP-Plus, and MAIAP

Eligibility Specialists review the applications, and, based on the information provided by the applicant, determine the applicant's eligibility for the program.

1. MADAP applicants may be determined ineligible if:
 - a. The person is certified eligible for Medical Assistance or MPAP, or appears to meet either of those programs' eligibility requirements;
 - b. The person is qualified for full third-party payment for all drugs that are available on the MADAP formulary;
 - c. The applicant's household income exceeds the program's financial criteria;
 - d. The individual does not meet the medical criteria; and/or
 - e. The individual does not meet the residency requirement.

After an eligibility determination is made, the applicant is notified of the determination of ineligibility, by letter. The letter indicates the following:

- Reason the applicant was found ineligible and advises of the right to reapply to the program should circumstances change.
- The right to appeal the decision and receive a fair hearing; the process of appeal is specified.
- If the applicant is found ineligible because s/he meets the guidelines for either Medical Assistance or MPAP, the letter indicates the process to be undertaken to obtain those benefits. If the applicant appears to be eligible for MPAP, an application for that program is included with the letter notifying the applicant of ineligibility for MADAP. If an applicant brings a completed MADAP application to the MADAP office, and a review of the application indicates that the applicant is eligible for MPAP, the eligibility specialist directs the applicant where to apply for MPAP.

For recertifying clients whose current income places them within MPAP guidelines, MADAP coverage may be extended for up to three months to allow time to apply to MPAP.

2. MADAP Plus applicants may be determined ineligible if:
 - a. 51%-100% of the applicant's insurance policy is paid for by an employer, or other insurance assistance program;
 - b. The insurance policy does not cover MADAP formulary drugs;
 - c. The insurance policy has a prescription deductible of more than \$1,000;
 - d. The insurance policy has a cap (maximum) on the amount they will pay for prescription drugs of less than \$2,500; and/or
 - e. Premium payments cannot be arranged with the employer or other payer.

3. MAIAP applicants may be determined ineligible if:
 - a. Does not have certification by a physician of disability due to HIV/AIDS (MAIAP only) on the combined application medical form;
 - b. Is eligible for health insurance through another family member;
 - c. Does not meet residency and citizenship requirements; or
 - d. Does not meet financial standards (cash assets and income).*See COMAR Title 10, Subtitle 18, Chapter 01, Regulation .03A*

Note: cash assets applicable to MAIAP ONLY

If upon receipt of the documentation, the individual is found to be ineligible for MAIAP, or sufficient documentation is not provided by the applicant within the specified time frame, the individual shall be determined ineligible for MAIAP. Program staff will provide written notification indicating the decision. The notification will include the reason or reasons for the finding and a notice of proposed action (deny, suspend or cancel benefits). Program recipients will receive this notice at least 15 calendar days before the date on which the action becomes effective. The recipient is also provided an explanation of the right to request a hearing.

4. All Applicants determined to be eligible receive an enrollment letter.

MADAP

The clients receive a MADAP card and an enrollment letter with the enrollment dates, description of the participation fees if applicable, how to use the MADAP card. Use of MADAP card indicates acceptance of all program conditions.

MADAP Plus and MAIAP

A client approved for one of the insurance programs will receive a letter, which describes the program and the client responsibilities. Due to the complexities of the insurance policies, the decision on eligibility for the insurance programs may take up to thirty days.

5. Denials
Applicants will receive a denial letter when the client does not fit the eligibility criteria for a particular program.

Information regarding the decision appeal process is included in the letters. Questions regarding the appeal process can be directed to the Chief of the Center for Client Services at 410-767-2549.

Appendix A

Defined Terms

Defined Terms

Acute Medical Condition

An illness characterized by signs and symptoms that are usually rapid onset; a condition that consists of severe side effects on normal functioning without immediate treatment. examples: shingles, pancreatitis, pneumonia.

Case Manager is defined as any individual in an organization who is managing the client's care (Examples include Social Workers, Nurses, Physicians, Counselors) or an individual conducting outreach or other activities to assist clients to access care and services such as a Client Advocate, Case Worker, Case Aide or Outreach Worker.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.

COBRA generally requires that group health plans sponsored by employers with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end. COBRA outlines how employees and family members may elect continuation coverage. It also requires employers and plans to provide notice. <http://www.dol.gov/dol/topic/health-plans/cobra.htm>

Earned income includes:

- Wages;
- Commissions and fees;
- Salaries and tips;
- Profit from self-employment; and
- Profit from rent received. If the exact amount of the profit from rent cannot be documented, the regulations allow for two sets of calculations:
 - Renting a room in one's own residence, in which case profit is considered to be 25% of the rent amount if room and board are provided; 75% if room only; and
 - Rental of a house or apartment, in which case profit is calculated to be 30% if the applicant pays all utilities; 35% if the applicant pays either heat or electric utilities and; 40% if the applicant pays no utilities.
- Overtime: Income derived from working recurring overtime is considered in projecting earned income.

- Bonuses: (i) One-time only bonuses may be excluded from the projected income calculation; (ii) Bonuses received on a regular basis are counted in the income calculation.

Eligibility Periods

MADAP

When an application is approved, the certification period for the client begins on the first day of the month in which the application is approved. Certification is for a 12-month period, unless a client reports changes in:

1. Household size;
2. Income; or
3. MADAP formulary drug prescriptions. Clients who no longer need MADAP formulary drugs may be found ineligible for MADAP.

Any subsequent changes in the eligibility criteria for the program shall not affect the eligibility of a client who was enrolled in MADAP before the date of the changes.

MADAP-PLUS Eligibility Period

When an application is approved, the certification period for the client begins on the first day of the month in which the application is approved. Recipients are certified for a 12-month period unless s/he have changes in health insurance benefits, health insurance costs, eligibility for health insurance benefits, COBRA or FEHBAA eligibility, employment status, income changes that could result in the recipient becoming eligible for Medicaid or MPAP, or a change in residency.

URGENT MADAP Eligibility Period

When an application is approved the eligibility period is 60 days. After this period, if all the documentation is provided, the individual will be transitioned in the regular MADAP as described above. The 12-month certification period for the regular MADAP will start on the first day of the month that the URGENT MADAP application was approved.

TAP Program Eligibility Period

When an application is approved for this transitional program it will be valid for 90 days. This period may be extended by another 60 days provided the individual has applied (completed application) for the MPAP program and is still waiting for an eligibility decision.

MADAP-PLUS Eligibility Period

When an application is approved, the certification period for the client begins on the first day of the month in which the application is approved. Recipients are certified for a 12-month period unless s/he have changes in health insurance benefits, health insurance costs, eligibility for health insurance benefits, COBRA or FEHBAA eligibility, employment status, income changes that could result in the recipient becoming eligible for Medicaid or MPAP or a change in residency.

MAIAP Eligibility Period

When an application is approved, the certification period for the client begins on the first day of the month in which the application is approved. Recipients are certified for a 12-month period unless s/he have changes in health insurance benefits, health insurance costs, eligibility for health insurance benefits, COBRA or FEHBAA eligibility, employment status, income changes that could result in the recipient becoming eligible for Medicaid or MPAP or a change in residency.

Family is defined as:

- The applicant or recipient;
- The applicant's or recipient's spouse, if the spouse lives with the applicant or recipient;
- The applicant's or recipient's children who are under 18 years old, if the children live with the applicant or recipient; and
- When the applicant or recipient is a child under 18 years old: (i) the minor applicant's or recipient's parent or parents, and (ii) at the option of the minor applicant's or recipient's parent or parents, the minor applicant's or recipient's unmarried siblings who are under 18 years old.

Federal Poverty Guideline is defined as:

The poverty guidelines are a federal poverty measure. They are issued each year in the *Federal Register* by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for use for administrative purposes — for instance, determining financial eligibility for certain federal programs.

[Federal Register: February 13, 2004 (Volume 69, Number 30)] [Notices]

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From the Federal Register Online via GPO Access [wais.access.gpo.gov]

[DOCID:fr13fe04-155]

<http://aspe.hhs.gov/poverty/04fedreg.htm>

2004 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Size of family unit	Poverty guideline
1.....	\$9,310
2.....	12,490
3.....	15,670
4.....	18,850
5.....	22,030
6.....	25,210
7.....	28,390
8.....	31,570

For family units with more than 8 members, add \$3,180 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

Federal Poverty Level (FPL) is defined as:

A percentage of the Federal Poverty Guidelines, such as 400% FPL, which is calculated by multiplying by 4 the dollar amount of the Poverty Guideline corresponding to the Size of the Family Unit.

Health Insurance

Benefits consisting of medical care (provided directly or through insurance or reimbursement) under any hospital or medical service policy, plan contract, or HMO contract offered by a health insurance company or a group health plan. Excludes accident or disability income insurance, workers compensation, automobile insurance with medical coverage, coverage for on-site medical clinics...”

www.cobrahealth.com/insurancedefinitions.html

A contractual relationship whereby an insurance company (the insurer) agrees to reimburse the insured for health care costs in exchange for a premium. The contract (policy) generally stipulates the type of health care benefits covered as well as costs to be reimbursed. www.valleyhealth.biz/glossary.html

Health Insurance Premium

The amount paid or payable, often in installments, for an insurance policy.

Household is defined as the applicant and other persons sharing the residence, and with whom the applicant has a legal or financial relationship, and having one of the following relationships with the applicant:

- The spouse;
- The natural or adoptive parent(s) of a child younger than 18 years old when the child is the applicant;
- The natural, adopted, or step child (ren) younger than 18 years old;
- And/or persons younger than 18 years old under the court-ordered guardianship of an adult member of the unit, or related to an adult member of the unit by blood, marriage, or adoption.

Documentation regarding guardianship, adoption, birth and marriage may be requested as needed by the program.

MADAP

The AIDS Administration provides prescription coverage for PLWH/A's (**People Living with HIV/AIDS**) through the Maryland AIDS Drug Assistance Program, or **MADAP**. MADAP is a statewide program which helps low-to-moderate income Maryland residents who are HIV-infected. The MADAP formulary covers a range of medication used to treat HIV infection and to treat, prevent, or relieve certain conditions associated with HIV infection.

<http://www.dhmh.state.md.us/AIDS/insrprg2.htm>

MADAP Participation Fees

An applicant found eligible to receive MADAP benefits, either drug assistance or insurance premium assistance may be responsible for paying a fee. Clients whose income is between 390% and 400% of the federal poverty level will owe a monthly participation fee, based on the amount of income over base.

If applicable, the award letter advising the applicant of eligibility for MADAP benefits indicates the amount of the monthly participation fee. Use of MADAP benefits is considered acknowledgement by the client of responsibility for payment of the participation fee. Only a small number of current participants have a participation fee. Please call program staff if you have a client who may qualify for a participation fee.

MADAP- Plus Payment Procedures

An insurer, employer, health plan administrator, recipient, or recipient's representative shall submit a payment request that is an invoice for the recipient's health insurance premium issued by an insurer, employer or a health plan administrator. The payment request must be submitted in a timely manner to allow for payment within established time frames established under COBRA, FEHBAA or the insurance policy.

It takes up to 10 working days for payments to be processed. Program staff cannot, according to state regulation, process payment requests that are not submitted as required.

MAIAP Assets income

If the applicant's assets or income exceed the financial standards, eligibility staff shall determine the amount of excess income or assets and notify the applicant or the applicant's representative by letter of the amount owed to the Department. An individual that does not submit payment of excess income or assets in accordance with the payment schedule shall be determined ineligible for MAIAP.

MAIAP Premium Cost

If the applicant's annual premium cost exceeds the limit calculated by the program as set forth in regulation, program staff shall determine the amount of excess premium and notify the applicant or applicant's representative by letter of the amount of excess premium owed to the Department. An individual that does not submit payment of excess premium in accordance with the payment schedule shall be determined ineligible for MAIAP. The AIDS Administration will inform the applicant, recipient or representative of its intended action to terminate insurance premium payment. The notice will include a statement of proposed action, the reasons for the action (non-payment), regulatory citation supporting the action and an explanation of the right to request a hearing.

MHIP

Maryland Health Insurance Plan is a state-administered health insurance program operated by an independent unit within the Maryland Insurance Administration. The plan

is governed by a Board of Directors, consisting of public health care officials and a consumer representative. Maryland Physicians Care, has been selected to administer the plan.

The Maryland Health Insurance Plan replaces the Substantial Available and Affordable Coverage (SAAC) or open enrollment program operated by commercial insurance carriers in Maryland. Maryland Physicians Care, MHIP Plan Administrator, is a managed care organization owned by Maryland General Health Systems, St. Agnes Healthcare, Washington County Health System and Western Maryland Health System. Maryland Physicians Care also serves over 90,000 enrollees of Maryland's HealthChoice program. The new plan is financed through an assessment on hospital net patient revenues.

<http://www.marylandhealthinsuranceplan.state.md.us/aboutus.html>

OI Opportunistic Infections (Not intended to be a complete list)

- Pneumocystis carinii pneumonia (PCP)
- Pneumonia (bacterial)
- Candidiasis
- Cryptococcal Meningitis
- Toxoplasmosis
- Cryptosporidium enterocolitis
- Cytomegalovirus (MCV)
- Hepatitis
- Herpes Simplex (HSV, genital herpes)
- Herpes Zoster (HZV, shingles)
- Human Papilloma Virus (HPV, genital warts, cervical cancer)
- Molluscum Contagiosum
- Oral Hairy Leukoplakia (OHL)
- Progressive Multifocal Leukoencephalopathy (PML)
- AIDS Dementia Complex (ADC)
- Peripheral Neuropathy
- Mycobacterium avium Complex (MAC)
- Tuberculosis (TB)
- Salmonellosis (Food poisoning)
- Epstein-Barr virus (EBV)
- Histoplasmosis

Prophylaxis – prevention of a disease; for HIV infected individuals prevention of certain OI's are recommended, for example:

- PCP
- Toxoplasmosis
- MAC
- MCV
- HSV

Please consult the latest US Public Health Service Guidelines for treatment of Opportunistic Infections at

http://aidsinfo.nih.gov/guidelines/op_infections/OI_112801.html

Recertification Process

At least 45 days before the current certification expires, the client is mailed a new MADAP application form. The form is preprinted with current information on file. This applies to all programs.

If the client is no longer eligible for MADAP benefits due to changes in the client's financial circumstances, s/he is advised of other benefits that are available such as MPAP or Medicaid or other Pharmacy Assistance Programs.

An applicant previously found to be ineligible for benefits may reapply at any time. A client previously certified who lost eligibility because of a change in income, third-party coverage, or any other circumstance, may submit a new application at any time.

Resident

For purposes of qualifying for MADAP "resident" is defined as a "person who is living in the State voluntarily with the intention of making it that person's home and not for a temporary purpose, and for whom any temporary absence from the State is coupled with an intent to return so as not to interrupt the continuity of the residence."

Documentation can include items such as bills with receipt date within the past 60 days, a Social Security award letter or driver's license, a letter addressed to the individual from a utility company or telephone company.

Unearned income includes:

- Payments from unemployment insurance;
- Veteran's and Worker's compensations;
- Private insurance;
- Black Lung Program;
- Railroad retirement;
- Public assistance programs of any nature;
- Social Security;
- Pensions;

- Annuities and other regular benefits;
- Monetary support from absent relatives;
- Income received on a regular basis from relatives and friends who are not legally responsible, including that received by a child as support from natural parents or acknowledged father; and
- Income from assets received as interest, dividends, or other income from savings accounts, certificates, stocks, bonds, insurance policies, mortgages and from real property when not included as earned income.

Appendix B
TAP Cover Sheet

Appendix C
Urgent MADAP Cover Sheet

Appendix D

Employment Verification

Appendix E
Verification of Cash Only Income

Appendix F
Verification of No Income